

# CHAIN-OF-CUSTODY / Analytical Request Do

MO# : 1253003

PM: HRZ Due Date: 09/23/15

CLIENT: USS CORP

## Section A

### Required Client Information:

Company: USS Corporation  
Address: P.O. Box 417  
Mtl. Iron, MN 55768  
Email:  
Phone:  
Requested Due Date:

## Section B

### Required Project Information:

Report To: Tom Moe  
Copy To:  
Purchase Order #:  
Project Name: NIDES-LINE 3 Wky  
Project #:

## Section C

### Invoice Information:

Attention:  
Company Name:  
Address:  
Pace Quote:  
Pace Project Manager: heather.zika@pacelabs.com,  
Pace Profile #:

## Regulatory Agency

State / Location

Requested Analysis Filtered (Y/N)

ITEM #	SAMPLE ID One Character per box. (A-Z, 0-9 /, -) Sample IDs must be unique	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED				START	END	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives	Analyses Test	Y/N	LAB FILTERED: SO4	Lab FILTERED: Ca,Mg,Hard	Residual Chlorine (Y/N)	
				DATE	TIME	DATE	TIME											
1	WS-002 Scrubber Make-Up	WT		9-9-15	08:50	9-9-15	08:50											
2	WS-003 Thickener Overflow	WT		9-9-15	08:15	9-9-15	08:15											
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

ADDITIONAL COMMENTS

REQUISITIONED BY / AFFILIATION

DATE

TIME

ACCEPTED BY / AFFILIATION

DATE

TIME

SAMPLE CONDITIONS

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:


DATE signed: 9-9-15

TEMP in C

Received on Ice (Y/N)

Custody Sealed Cooler (Y/N)

Samples Intact (Y/N)

	Document Name: <b>Sample Condition Upon Receipt Form</b>	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: <b>F-VM-C-001-Rev.09</b>	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition  
Upon Receipt

Client Name:

Project #:

USS Corporation

WO#: **1253003**

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client  
☐ Commercial ☐ Pace ☐ Other: \_\_\_\_\_



Tracking Number: \_\_\_\_\_

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No      Seals Intact? ☐ Yes ☒ No      Optional: Proj. Due Date: \_\_\_\_\_ Proj. Name: \_\_\_\_\_

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☒ Other: Ice pack      Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808      Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 0.7      Cooler Temp Corrected °C: 1.0      Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA  
Temp should be above freezing to 6°C      Correction Factor: 10.3      Date and Initials of Person Examining Contents: 9/9/15 WS

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WJ</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/Resolution: \_\_\_\_\_

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Lynne Pelkey

Date:

9-10-15

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)